

Clinical Effectiveness and Medicines Management Group (CEMMAg)

Annual Report 2009-10

The Clinical Effectiveness and Medicines Management Group supports the development of evidence-based decision and policy making and guideline development in NHS Wandsworth. The group supports the commissioning of services that meet local need, are evidence based and are consistent with national guidance, service frameworks and best practice e.g. NICE guidance. The group supports continuous improvement in and high standards of clinical practice through the development of medicine management policies and guidelines in conjunction with primary and secondary care clinicians. The group performs this function through:

- Leading on the implementation of NICE guidance
- The development of evidence based policies
- Undertaking service reviews
- Research management and governance
- Auditing of services to ensure compliance with NICE and other clinical and best practice standards
- Implementing improvement plans

CEMMAG developed a new set of terms of Reference in 2009-10 (see Appendix 1).

This report summarises the achievements of the group in 2009-10 and outlines planned developments for 2010-11.

Implementation of NICE Guidance in 2009-10 (see Appendix 1)

CEMMAG has a systematic process of reviewing all NICE guidance and assessing the relevance to:

- Clinical practice in primary care
- Commissioning
- Prescribing and medicines management policies
- PH practice and policies

For each piece of NICE guidance CEMMAG identifies an NHS Wandsworth Lead to undertake a baseline review to assess compliance of current practice with NICE guidance, and to develop an action plan to address any gaps. Table 1 summarises the baseline assessments and action plans undertaken and those currently in place.

Guidance issued between January 2009 and January 2010 (including non-recurrent costs) would cost an estimated £1,843,941 to implement. Not including non-recurrent costs the figure is £928,892. Estimated savings from implementation of NICE guidance during the same period is £611,318.

Horizon scanning

CEMMAG undertakes bi-monthly horizon scanning to identify emerging technologies and potential cost pressures and service developments.

Service Reviews - Low back pain services

During 2009-10 CEMMAG reviewed low back pain management services in Wandsworth in light of NICE guidance CG88. A service review conducted against the guideline found the following conclusions:

- Variation existed within primary care around management of patients with low back pain.
- Variation existed around referral criteria and pharmacotherapy treatment for patients with low back pain.
- Various referral routes were used to refer into physio and M-CAS for triage and assessment.
- Once referred for triage many patients were referred onwards to a range of specialties including T&O, neurosurgery, rheumatology and Pain Clinic.
- Many patients seen in these specialities were eventually referred back to Pain Clinic, after a long wait, where they received appropriate treatment.

The review included all chronic pain services in the borough from primary to secondary care. As a result a service specification for a Community Management Pain Service is currently being finalised, to be delivered by the Roehampton Federation of practices. Further, a new care pathway is being developed in agreement with primary and secondary care clinicians including Pain Consultants which adheres to NICE and delivers a more streamlined service for patients which will result in shorter waiting times for initial assessment and triage and appropriate referrals.

Communication and Dissemination of NICE guidance

A monthly clinical effectiveness bulletin is sent out to every practice detailing latest NICE guidance and other publications relevant to primary care.

A bulletin detailing all NICE guidance relevant to primary, secondary and tertiary care is sent to the NHS Wandsworth Board and to NHS Wandsworth Community Services.

NICE guidance detailing medicines management is disseminated to practices through Scriptswitch, a prescribing tool to which the majority of practices in Wandsworth subscribe.

EMIS project

During 2009-10 CEMMAG initiated a project designed to integrate NICE guidance into the EMIS-web software, which all GP practices will use by the end of 2010. This enables complex pieces of NICE guidance (identified by GPs) to be available in an easy to read format for GPs in their daily practice.

Guidance that has been identified by GPs includes Osteoporotic fragility fractures in postmenopausal women; Rheumatoid arthritis; Diarrhoea and vomiting in children under 5 and Low back pain.

Policy Development

CEMMAG has developed a number of policies during 2009-10 to inform commissioning of a variety of interventions.

NHS Wandsworth policy on minimally invasive surgery for uterine fibroids

- RTPCT will only fund the following procedures for fibroids in exceptional circumstances
 - MRI-guided percutaneous laser ablation
 - Laparoscopic laser myomectomy
- RTPCT will fund uterine artery embolisation of fibroids in the following circumstances:
 - The fibroid is greater than 3 cm in diameter **and**
 - The fibroid is causing other symptoms that have a severe impact on the woman's quality of life such as heavy or painful menstrual bleeding, problems with fertility or pressure symptoms and
 - The woman wants to avoid surgery and/or retain her uterus

NHS Wandsworth policy on Open MRI

NHS Wandsworth will:

- Fund Low field MRI for interventional and intraoperative procedures only
- Will not fund low field MRI for any other indication e.g. Standing, Weight-Bearing, Positional, or Upright MRI
- Fund Open MRI of greater than >0.5T as an alternative to conventional MRI in the following circumstances
 - Patients who suffer from claustrophobia where an oral, prescription sedative has not been effective
 - in patients who are obese and therefore cannot fit comfortably in a conventional MRI
 - Prior approval is sought from the PCT

NHS Wandsworth policy on Funding Criteria for Bariatric Surgery

NHS Wandsworth will fund bariatric surgery for morbidly obese patients who meet the following criteria

- Morbidly obese patients with a BMI >40 kg/m²
 - With a significant obesity-related co-morbidity* that could be improved if they lost weight
 - aged 20-65 years

- who have been receiving intensive obesity management at a specialised obesity clinic** for at least 6 months and have tried all appropriate non-surgical measures adequately but have not been able to maintain a clinically significant weight loss for at least 6 months (at least 5% of their initial weight loss)

OR

- Patients with a BMI > 50 kg/m²

ALL patients must be fit for surgery and motivated to follow an intensive weight management programme after surgery

NHS Wandsworth policy on Smoking Cessation Nicotine Replacement Therapy guidelines

There are currently 3 choices of smoking cessation medicines available on the market; Nicotine Replacement Therapy (**NRT**), **bupropion** and **varenicline**.

All 3 medicines have been assessed for use in England and Wales by NICE. The guidance^{1,2} recommends all 3 medicines can be used to aid smoking cessation as part of a behavioural and advice support programme

In order for a patient to safely quit smoking, the correct choice of medicine for that individual patient is essential.

NHS Wandsworth policy on Aesthetic Surgery

Aesthetic surgery for cosmetic purposes will not normally be funded by the PCT in the absence of previous disease, trauma or congenital deformity. All proposals need to be approved through an exceptions/prior approvals route. *Patients should be at least 18 years of age and no longer growing (with the exception of pinnaplasty).*

NHS Wandsworth Tacrolimus Shared Care Guideline

The shared care guideline was approved by CEMMAG. It was recommended that patients be returned to secondary care if risk is deemed too high.

NHS Wandsworth Clopidogrel Guidelines

The European Medicines Agency (EMA) and the Medicines and Healthcare products Regulatory Agency (MHRA) issued a warning to prescribers to avoid the concomitant use of Clopidogrel and PPIs whenever possible. Medicines Management developed guidelines to address this issue.

NHS Wandsworth Somatropin Shared Care Guidelines

CEMMAG is working to get shared care guidelines adopted across the South West London Sector. All acute Trusts are in favour.

NHS Wandsworth Off-label prescribing of Miconazole oral gel and Fluconazole in Breastfeeding mothers

CEMMAG supported the guidelines for Miconazole. However discussions are ongoing concerning use of Fluconazole in babies under four months.

NHS Wandsworth Leflunomide Shared Care Guideline

Concerns have been raised within the SWL sector concerning the duration of the initial monitoring phase. Some PCTs would like the 3 month monitoring phase recommendation increased to 6 months before prescribing is continued in primary care by GPs. This matter is currently being taken to PEC to consider the content of the guidance.

NHSW Lipid modification prescribing guidelines

The South London Cardiac and Stroke network produced guidelines on:

- Lipid management for primary and secondary prevention of cardiovascular disease
- Lipid management in patients following an Acute Coronary Syndrome (ACS)
- Prescribing of Beta-blockers
- Prescribing of Eplerenone
- Prescribing of Ivabradine

NHS Wandsworth's CVD Clinical Reference Group had already developed guidelines for primary prevention which are similar to those produced by the Network. It was agreed that the local guidelines be used as they are more user-friendly and those from the Network be used for reference.

Guidelines on Beta-blockers, Eplerenone and Ivabradine have been referred back to the CVD Clinical Reference Group for approval on behalf of CEMMAG.

Research management and governance

CEMMAG also works to ensure that research undertaken within the organisation complies with the national research governance framework and assess if and how research findings can be implemented to improve clinical effectiveness. Proposals approved in 2009-10 are included in Appendix 2.

Audit

During 2009-10 CEMMAG conducted two audits.

Tonsillectomy Audit conducted at St George's Hospital April 2009 (Appendix 3)

The purpose of this audit was to assess the extent to which tonsillectomies undertaken at St George's Hospital (SGH) were consistent with the Wandsworth ECI criteria.

Case notes were audited against criteria defined in 2008/9 South West London Effective Commissioning Initiative. Whilst reviewing the medical notes in many instances insufficient

information was recorded to fully demonstrate that the patient explicitly met the criteria. In many cases previous medical history was very poorly documented and few case notes had referral letters or history summaries, as such these were deemed as not meeting the criteria (whereas clinically the patient possibly did). **Recommendation:** SGH and commissioners to discuss the use of notification forms to facilitate monitoring and audit.

Dental Implants Audit, St George's Hospital February 2009 (ongoing)

The purpose of this audit is to assess the extent to which dental implants undertaken at St George's Hospital (SGH) are consistent with NHS Wandsworth ECI criteria.

NICE Efficiency work

CEMMAG is undertaking work to identify areas where cost savings may be realised through the implementation of NICE guidance. Areas that have been highlighted for investigation include Long Acting Reversible Contraception (LARCs) and full implementation of the Interventional Procedures Guidance issued by NICE. This work is ongoing.

Appendix 1: Implementation of NICE guidance 2009-10

Published	NICE guidance	Title	Leads	Baseline Assessments and Action Plans	Costings
January 09	PH17	Promoting physical exercise in children and young people	Ted Poulter	Approved	The recommendations in this guideline do not have a significant impact on the NHS resources at a national level. However, some local units may incur costs on implementation of the guideline but the costs are likely to be offset by the savings from, for example, the selective use of stool microbiological testing and the use of oral rehydration therapy.
February 09	PH18	Needle Syringe Exchange	Anne Middleton	Approved	
March 09	PH19	Management of long term sickness and incapacity for work	Gail Nicol and Annie Stewart	Approved	<p>The costs of implementing these interventions will vary significantly depending on the number of employees and the proportion of long-term sickness absence in your organisation.</p> <p>A sample calculation based on a large organisation with about 8,600 employees, with an estimated 100 on long-term sickness absence, indicates that about 2,151 sick days could be avoided for an estimated cost of £83,000.</p>
April 09	CG84	Diarrhoea and vomiting in children under 5		Incomplete	The recommendations in this guideline do not have a significant impact on the NHS resources at a national level. However, some local units may incur costs on implementation of the guideline but the costs are likely to be offset by the savings from, for example, the selective use of stool microbiological testing and the use of oral rehydration therapy.
April 09	CG85	Glaucoma	Linda Troy	Incomplete	Estimated future savings as a

					result of prevention of sight loss £2,435 (NHSW)
May 09	CG86	Coeliac disease		Incomplete	Non recurrent cost – patient backlog: £317,049 Recurrent, steady state cost: £190,229 Current cost: £63,410
May 09	CG87	Type 2 Diabetes		Incomplete	Cost of implementation £134,697
July 09	CG89	When to suspect maltreatment of children	Ravi Balakrishnan and Ileen Ashitey	Ongoing	The NICE clinical guideline ‘When to suspect child maltreatment’ may have significant resource impact on both the initial costs of investigating suspected child maltreatment and any interventions delivered. These upfront direct costs may be offset by significant downstream savings. However, it is not possible to quantify the costs or savings.
September 09	PH21	Reducing differences in the uptake of immunisations	Ravi Balakrishnan and Betty Attipoe	Approved	
September 09	PH20	Social and emotional wellbeing in secondary education	Ros Lobo	Ongoing	It has not been possible to produce a national estimate because each school’s needs will differ, individual schools may incur additional costs at local level when implementing the guidance. However, national costs may be quite low, as previous NICE guidance, plus a number of government policies and initiatives, are already being implemented. The education sector may bear most of these additional costs. All the organisations involved will need to assess local practice and circumstances to assess the financial impact. However, they should bear in mind that investing in prevention, education and early intervention could lead to a significant reduction in public service costs in the

					longer term.
October 06	CG40	Urinary incontinence	Biljana Kennaway & Nicole Riordan	Incomplete	When the guideline was published in 2006 it was estimated that if implemented savings of £17,025 would be realised from a more rational use of urodynamics before conservative treatment and primary surgery.
October 08	PH16	Mental health promotion in older people	Ted Poulter	Approved	<p>The cost of implementing the interventions recommended in this guidance will need to be determined at a local level as limited national data on the current provision of these services are available.</p> <p>It would seem reasonable to assume that uptake of these recommendations will result in financial savings through increased physical activity and mental wellbeing.</p>
October 09	CG91	Depression in adults with a chronic physical health problem	Vanessa Flagg/Ros Lobo	Ongoing	It has not been possible to determine the national cost impact of the two NICE clinical guidelines (CG90 and CG91) on the treatment and management of depression.
October 09	CG90	Depression in adults	Vanessa Flagg/ Ros Lobo	Ongoing	

Clinical Effectiveness and Medicines Management Group

Terms of Reference

Aims

To provide Wandsworth with an expert resource on the effectiveness and safety of health service interventions (including drugs, devices and procedures).

To ensure that commissioned services meet local need, are evidence based and are consistent with national guidance, service frameworks and best practice e.g. NICE guidance

Terms of reference

The group will:

- Advise the Management Team/Strategic Commissioning Group/PEC on clinical and cost effectiveness services and treatments including:
 - Reviewing evidence of effectiveness;
 - Advising the Management Team on likely service and financial implications of health technologies, drugs and services found to be clinically and cost effective and appropriate for the needs of WNHS;
 - Advising the Management Team on health technologies, drugs and services in which it may disinvest on the grounds of insufficient evidence of effectiveness.
- Advise the management team/SCG/PEC on the appropriateness of NHS Wandsworth clinical and medicine management guidelines, including identifying:
 - Extent to which based on evidence, particularly where guidelines deviate from NICE recommendations;
 - Effect on health and inequalities;
 - Effect on patient safety;
 - Where guidelines may have financial implications;
 - Inconsistencies with other policies;
 - Risks of implementation and non-implementation.
 - PCT or other guidelines/procedures recommended for use in Primary Care
- Advise the management team/SCG/PEC on the likely relevance, effectiveness and implications of new drugs and health technologies.
- Advise the management team/SCG/PEC on new agreements on sector-wide clinical and medicines management guidelines.
- Establish a robust system for identifying, reviewing, implementing and auditing clinically effective, evidence-based commissioning. Specifically:

- Contribute reviews of existing services to determine the extent to which they are both evidence based and clinically effective;
 - Contribute to the development and review of evidence-based service specifications;
 - To ensure that service specifications (including Locally Enhanced Service LES) include appropriate quality and safety indicators
 - Consider possible service developments identified by the Exceptional Circumstances and Internal Funding Panels and, where appropriate, make recommendations to commissioners
- Co-ordinate the commissioning and implementation of NICE guidance within the PCT

The group will **not**:

- Undertake comprehensive systematic reviews or meta-analysis.
- Implement policy.
- Review cancer technologies (there is already a mechanism for this at network level).
- Provide rapid advice to the Exceptional Circumstances Panel (there is already a mechanism for this – see Internal Funding Panel).

Membership

Current core team

- Nick Beavon, Chief Pharmacist, NHS Wandsworth
- Prescribing Advisor, NHS Wandsworth
- Dr Josephine Ruwende, Consultant in Public Health Medicine (**chair**), NHS Wandsworth
- Fiona Hicks, Clinical Governance Facilitator, NHS Wandsworth
- Dr David Finch, NHS Wandsworth - Medical Director
- Dr Rod Ewan PEC GP & Clinical ICT Lead NHS Wandsworth
- Public Health Researcher-Clinical Effectiveness
- Representative from St Georges Hospital
- Representative from St Georges Mental Health Trust
- Lay Member – Donald Roy
- Acute Commissioning manager
- Amanda Cranston- Consultant in Public Health
- Primary care commissioning manager
- PBC cluster representatives (GPs)

Wider membership

- SGH pharmacists to be co-opted /consulted as necessary
- All trainees in public health must participate during their attachments to NHSW.
- All members of the NHS Wandsworth Public Health department and Pharmacy Team including the Community Pharmacy Lead (Commissioning) are part of the wider group. The group may

ask any one of them to contribute to its work. All others are welcome to become involved in the work of the group.

- The group will invite others to take part in its discussions and projects as necessary; these may be people with particular expertise in clinical areas, commissioning or other aspects of service delivery or management.
- Secretary: Helen Drain, PA to Consultants in Public Health, NHS Wandsworth

Frequency of meeting

The group will meet every two months.

Accountability

The group will be accountable to the Professional Executive Committee

Reporting

The Clinical Effectiveness Group will report to the NHS Wandsworth Management Team. Minutes and other output of the Clinical Effectiveness and Medicines Management Group will be sent to:

- Clinical Governance and Risk Committee
- Community Services Provider Clinical Effectiveness Committee
- Professional Executive Committee
- Strategic Commissioning Group
- NHS Wandsworth Directors
- Practice Based Commissioning groups

Quoracy

The group will be quorate when the following are present:

Public Health Representative

Commissioning manager

GP representative

Prescribing representative

Lay member

Reviewed August 2009

Review The terms of reference will be reviewed after 12 months.

Josephine Ruwende, Consultant in Public Health Medicine

Nick Beavon Chief Pharmacist

Appendix 3

Research Projects Approved Oct 09-Mar 2010

	Name of Project	Chief Investigator Details	Approved	Area
	Choosing health: young people and health services	Dr Katia Prime	January 2009	W
	UK component of Eudragene	Dr Mariam Molokhia	January 2009	C,K,RT,SM,W
	Study to compare Tiotropium & Salmeterol on COPD exacerbations	Prof Paul Jones	February 2009	W
	Cervical Screening amongst East European migrants	Prof Jane Wardle	February 2009	W, SM
	Age differences in cervical screening non-attendance	Dr Jo Waller	February 2009	W
	A new vaccine against meningitis group B	Dr Pollard	March 2009	C,K,W
	Low back pain. Can show type reduce the pain and recurrence rate	Sian McRae	March 2009	W
	An Evaluation of Nurse and Pharmacist Independent Nurse Prescribing (2009/344/C)	Professor Sue Latter, Professor of Nursing, School of Health Services Highfield Campus. Southampton. SO17 1BJ	October 09	NHSC
	MAIN-AD: Memantine for the Long	Professor Clive Ballard,	October 09	NHSC NHSW

	Term Management of Neuropsychiatric Symptoms in Alzheimer's disease (2008/298/C,W)	Co-Director for the Wolfson Centre for Age-Related Diseases Wolfson CARD, Wolfson Wing, Hodgkin Building, Guy's Campus, Kings College London. SE1 1UL		
	Values, personality, job satisfaction and wellbeing among dentists (2009/338/C,K)	Dr Rebecca Harris, University of Liverpool School of Dentistry, Pembroke Place Dental Hospital, 4 th Floor. Liverpool, L3 5PS	October 09	NHSC NHSK
	PASS: Prospective, observational, multicentre, cohort, post-authorisation safety study (PASS) of GlaxoSmithKline Biologicals' A/California/7/2009 (H1N1) v-like pandemic vaccine adjuvanted with AS03 when administered to approximately 9000 subjects in the United Kingdom according to local pandemic vaccination policy(2009/345/W)	CI: Professor Irwin Nazareth, Medical Research Council, Stephenson House 158-160 North Gower Street London. NW1 2ND PI: Dr Mittal, Open Door Surgery, 47 Boundaries Road. Balham. SW12 8EU	November 09	NHSW

Appendix 4

Tonsillectomy Audit April 29 2009 St Georges Hospital

Background

The South West London Effective Commissioning Initiative (SWLECI) has developed a set of commissioning criteria for a variety of surgical interventions. This work is driven by the need to ensure that NHS funded treatments are effective and evidence-based and to reduce the variation in activity rates between trusts in South West London. The current criteria can broadly be classified into four groups:

- Procedures with limited evidence of effectiveness e.g. tonsillectomy
- Procedures where initial conservative therapy is possible.
- Effective procedures where a threshold for intervention may be appropriate.
- Procedures where NHS provision may be inappropriate.

In 2006, the London Health Observatory estimated the reduction and cost savings that would be realised if these criteria were implemented. Implementation of tonsillectomy criteria was projected to reduce activity by 10-90%. (ref) Between 2006/07 and 2007/08 there was a 13% reduction in the number of tonsillectomies undertaken on WPCT patients at SGH.

In 2007, WPCT and SGH agreed on the following criteria for tonsillectomy

Tonsillectomy should be carried out under the following circumstances:

- *Listing for surgery is led by a consultant*
- *Recurrent acute tonsillitis:*
 - *5 or more episodes of acute tonsillitis in the preceding 12 months*
 - OR*
 - *4 or more episodes of acute tonsillitis per year in the preceding 24 months*
 - OR*
 - *3 or more episodes of acute tonsillitis per year in the preceding 36 months*
 - OR*
 - *Sleep disordered breathing with obstructive sleep apnoea/upper airway resistance syndrome with tonsils grade 3 or greater*
 - OR*
 - *2 or more episodes of acute tonsillitis or quinsy requiring admission to hospital*
 - OR*

• *Suspected malignancy*

OR

• *Tonsillitis exacerbating existing disease, such as febrile convulsions, guttate psoriasis or glomerulonephritis*

Objectives

The purpose of this audit was to assess the extent to which tonsillectomies undertaken at St George's Hospital (SGH) were consistent with the Wandsworth ECI criteria.

Methodology

Clinical notes on tonsillectomies undertaken on WPCT patients at SGH between March and October 2008 were extracted and analysed using a template (Appendix 1)

Data gathered by Dr Katie Hunter and Mick Sanders from case notes made available at St Georges Hospital, date range of sample was between 13/03/08 to 26/09/08. (Table 2)

The case notes audited against criteria defined in 2008/9 South West London Effective Commissioning Initiative, Amended for the Wandsworth PCT agreed local arrangements, dated 27th March, 2008

Results

Table 1 shows the total number of Tonsillectomy related surgical procedures performed between 1 April and 31 October 2008 on WPCT residents at St Georges Hospital

Tonsillectomies SGH 1 April 2008-31 October 2008

	Data	
procedure1_details	£PbR Cost	Spells
F34.1 - Bilateral Dissection Tonsillectomy	£ 36,630	34
E20.1 - Total Adenoidectomy	£ 22,210	20
F34.4 - Bilateral Excision Of Tonsil NEC	£ 7,538	7
F34.9 - Unspecified Excision of tonsil	£ 9,152	8
E20.9 - Unspecified Operations on adenoid	£ 1,129	1
F36.9 - Unspecified Other operations on tonsil	£ 2,044	1
Grand Total	£ 78,703	71

Source: SUS (21/6/2009)

Surgical codes F34.1, F34.4, E20.1, were identified in the sample

From notes available (49 sets of notes) 16 were deemed as ineligible as they were Adenoidectomies only (E20.1). The remaining 33 sets were either tonsillectomies (19) or tonsillectomies and adenoidectomies (14).

Patients' ages ranged from 2 to 52 years.

Twenty patients (61%) of patients met the criteria.

Thirteen patients (39%) did not meet the criteria.

Recurrence of tonsillitis accounted for 19 cases (6 did not meet criteria)

Sleep disordered breathing accounted for 9 cases (5 did not meet criteria)

Malignancy accounted for 3 cases

Heavy exudate and halitosis accounted for the remaining 2 cases that did not meet criteria.

Discussion

Whilst reviewing the medical notes in many instances insufficient information was recorded to fully demonstrate that the patient explicitly met the criteria, in many cases previous medical history was very poorly documented and few case notes had referral letters or history summaries, as such these were deemed as not meeting the criteria (whereas clinically the patient possibly did).

Recommendation

SGH and commissioners to discuss the use of notification forms to facilitate monitoring and audit

Mick Sanders Interim CEF

Josephine Ruwende CPHM

PROFORMA TONSILLECTOMY AUDIT SGH 2008/09

To assess SGH tonsillectomy selection criteria and compare these with the SWL Effective Commissioning Initiative tonsillectomy policy

Data Variables		YES	NO	Comments
Case identifier		Surgery code		
AGE/DOB				
Sex				
DATE OF SURGERY				
INDICATION FOR SURGERY:				
Recurrent tonsillitis	<ul style="list-style-type: none"> - 5/+ episodes per year in previous 12 months - 4/+ episodes/year in preceding 2 years - 3/+ episodes/year in the preceding 3 years 	-	-	-
• Sleep disordered breathing with obstructive sleep apnoea/upper airway resistance syndrome with tonsils grade 3 or greater				
• 2 or more episodes of acute tonsillitis or quinsy requiring admission to hospital				
• Suspected malignancy				

<ul style="list-style-type: none">• Tonsillitis exacerbating existing disease,	e.g. <ul style="list-style-type: none">- febrile convulsions- guttate psoriasis- glomerulonephritis			
----------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------	--	--	--